





C. Select **one** of the following and provide the information below\*:

Business Federal Employer Identification Number (FEIN)

		-								
--	--	---	--	--	--	--	--	--	--	--

*Sole Proprietor's/Individual's* Social Security Number and/or

				-			-					
--	--	--	--	---	--	--	---	--	--	--	--	--

**Virginia** Department of Motor Vehicles Control Number

--	--	--	--	--	--	--	--	--	--	--	--	--

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

D. Compliance Agent's Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)

MM/DD/YYYY

E. Does the Compliance Agent have two years experience in the cemetery business?

No

Yes

F. Has the Compliance Agent successfully completed a Board-approved training course?

No

Yes  If yes, attach original certificates of completion of training courses or other documentation certifying completion of the course.

G. Has the **compliance agent** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor involving moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

H. Has the **compliance agent** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

I. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I (the compliance agent) is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Compliance Agent

14. Perpetual Care Trust Fund Trustee

A. Name of Perpetual Care Trust Fund Trustee \_\_\_\_\_

B. Select **one** of the following and provide the information below\*:

Business Federal Employer Identification Number (FEIN)

□□ - □□□□□□□□

*Sole Proprietor's/Individual's* Social Security Number and/or

□□□□ - □□ - □□□□□□

**Virginia** Department of Motor Vehicles Control Number

□□□□□□□□□□

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Perpetual Care Trust Fund Trustee Address

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

D. Name of Perpetual Care Trust Fund Contact Person \_\_\_\_\_

E. Perpetual Care Trust Fund Contact Person's Title \_\_\_\_\_

F. Perpetual Care Trustee Contact Numbers

\_\_\_\_\_  
Primary Telephone Alternate Telephone

G. Is the Perpetual Care Trust Fund Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes

No  If no, your company must submit a Trustee Approval Application to obtain trustee approval from the Virginia Cemetery Board. The trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Perpetual Care Trust Fund for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

15. Preneed Trust Fund Trustee

A. Name of Preneed Trust Fund Trustee \_\_\_\_\_

B. Select **one** of the following and provide the information below\*:

Business Federal Employer Identification Number (FEIN)

□□ - □□□□□□□□

*Sole Proprietor's/Individual's* Social Security Number and/or

□□□□ - □□ - □□□□□□

**Virginia** Department of Motor Vehicles Control Number

□□□□□□□□□□

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

\* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Preneed Trust Fund Trustee Address

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

D. Name of Preneed Trust Fund Contact Person \_\_\_\_\_

E. Preneed Trust Fund Contact Person's Title \_\_\_\_\_

F. Preneed Trustee Contact Numbers

\_\_\_\_\_  
Primary Telephone Alternate Telephone

G. Is the Preneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes

No  If no, your company must submit a *Trustee Approval Application* to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Preneed Trust Account for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

16. Does your **firm, any principals, or compliance agent** ever held a current or previous cemetery license, certification or registration in any state (including Virginia) or any other jurisdiction within the United States or its territories?

No

Yes

17. Has your **firm, any principals, or compliance agent** listed on this application ever been subject to **disciplinary action** taken by any (including Virginia) local, state or national regulatory body? This includes, but not limited to, any monetary penalties, fines, or disciplinary action taken by any federal, state or local regulatory agencies.

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

18. A. Has your **firm, or any principals** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony** or **crime of moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has your **firm, or any principals** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of a **misdemeanor** within **five years** of the date this application is submitted? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

19. Has your company established an irrevocable trust fund in the amount of at least \$50,000 for the perpetual care of its cemeteries as required by §54.1-2316 of the *Code of Virginia*?

No

Yes  If yes, provide supporting documentation.

20. Has your company recovered all of its original perpetual care trust fund deposits under §54.1-2321 of the *Code of Virginia*?

No  If no, enter the amount of the trust that has not yet been recovered: \_\_\_\_\_

Yes

21. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).

- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Officer, Director or Compliance Agent

**Required Attachment:**

- A completed *Perpetual Care Trust Fund Trustee Verification Form* must be attached to this application.